TOWN CLERK'S OFFICE Town of Dedham

VITAL RECORDS REQUEST FORM BY MAIL

To order one or more certified copies of a vital record, please complete this form and return it with a self-addressed, stamped envelope and a check made payable to the "**Town of Dedham**" in the amount of **\$10** for each certified copy requested – Massachusetts check or money order. Mail your request to:

	Town Clerk 26 Bryant St
Dec	dham, MA 02026
BIRTH RECORD	
NAME:	
DATE of BIRTH:	
NAME of MOTHER:	
NAME of FATHER:	
Number of Copies:	
MARRIAGE RECORD	
NAME of 1st PARTY:	
NAME of 2nd PARTY:	
DATE of MARRIAGE:	
Number of Copies:	Amount Enclosed: \$
DEATH RECORD	
NAME:	
DATE of DEATH:	
PLACE of DEATH:	
Number of Copies:	Amount Enclosed: \$
SHOULD WE NEED TO CONTACT YOU REGARDING THIS REQUEST	
PLEASE COMPLETE THE FOLLOWING	3 :
Name of Requestor:	
Mailing Address:	
Telephone Number:Email Address:	 Total Enclosed: \$
FOR OFFICE USE ONLY	
Date Received:	Correct Fee: (Yes) (No)
Person Contacted:	Result: Date Picked Un:
Date Mailed:	LISTA PICKAN LIN.